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MAY 10 2006

Atty. Dkt. No. 051373-0115

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Harms et al.

Title: SYSTEM FOR AND
METHOD OF POPULATING
A CONTACT LIST ON A
PORTABLE DEVICE

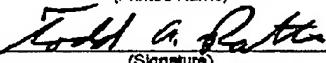
Appl. No.: 10/039,955

Appl. Filing Date: 10/24/2001

Examiner: Blenman, Avalon

Art Unit: 2153

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this paper is being facsimile transmitted to
the United States Patent and Trademark Office,
Alexandria, Virginia on the date below.

Todd A. Rathe
(Printed Name)

(Signature)

05/10/2006
(Date of Deposit)

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. **Submission required under 37 C.F.R. §1.114:** (check items that apply)

a. Previously submitted:

Please enter and consider the amendment/reply previously filed on ____.

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- [] Please consider the Affidavit(s)/Declaration(s) previously filed on __ but not considered.
- [] Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on __.
- [] Other __.
- b. Enclosed are:
- [X] Amendment/Reply.
- [] Affidavit(s)/Declaration(s).
- [] Information Disclosure Statement.
- [] Form PTO-1449 with copies of listed reference(s).
- [x] Other: Change of Correspondence Address, Power of Attorney, 373(b) form,

Miscellaneous:

- [] Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of __ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e)					790
Total Claims:	21	21	= 0	x	= 0
Independents:	4	4	= 0	x	= 0

CLAIMS FEE TOTAL: = \$790

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Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$0.00
EXTENSION FEE SUBTOTAL:	<u>\$120.00</u>
EXTENSION FEE ALREADY PAID:	-
EXTENSION FEE TOTAL	\$120.00
CLAIMS AND EXTENSION FEE TOTAL:	<u>\$910.00</u>
	\$455
<input checked="" type="checkbox"/> Small Entity Fees Apply.(subtract ½ of above):	<u> </u>
<input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c)	<u> </u>
	TOTAL FEE: \$455.00

Please charge Deposit Account No in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

A Credit Card Payment Form authorizing a charge in the amount of \$455.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3815. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3815.

Atty. Dkt. No. 051373-0115

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date May 10, 2006

By Todd A. Rathe

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